

Report on Gifted Programs

School District: _____ Contact Name: _____

Address: _____ Phone: _____

_____ E-Mail _____

Best time to contact _____ Please Keep this Information Confidential

School Year	District Enrollment	Number of Students served in Gifted Programs	Amount of Contact Time in minutes per week	Number of Teachers in Gifted Programs	Materials Budget Amount
2004-2005					
2005-2006					
2006-2007					

Have there been changes to the identification process? _____ If yes, please explain _____

Have there been changes in services provided? _____ If yes, please explain _____

Please add anything else you feel is relevant (Use the back of this page for additional space) _____

Please complete and return this form to: Sue Winter, 507 Stalcup, Columbia, MO 65203